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To: Assistant Commissioner for Patents
Fax Number: (703) 872-9310

From: Stanley D. Ference III
Date: February 26, 2004
Pages: 17 pages (including this cover sheet)

MESSAGE:

Application No. 09/614,511
Examiner L. Xu
Art Unit 1775

Amendment Transmittal
Petition and Fee for 3 Month Extension of Time
Amendment

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Amendment Transmittal

Atty. Docket No. CH919990004US1
(590.016)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Andreoni et al.
Serial No. : 09/614,511 Examiner : L. Xu
Filed : July 11, 2000 Group Art Unit : 1775
For : MATERIAL FOR USE IN A LIGHT-EMITTING DEVICE AND
HIGHLY EFFICIENT ELECTROLUMINESCENT DEVICE

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
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Sir:

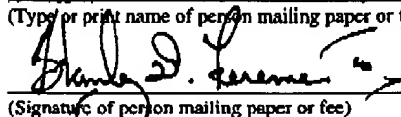
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMITTAL UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any referred to as being attached or enclosed therewith is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 872-9310 on February 26, 2004.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

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Amendment Transmittal

 Atty. Docket No. CH919990004US1
 (590.016)

5. ☒ Also enclosed: completed credit card form
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total	11	** 22	= * 0	\$9	=	O	\$18	= 0
Claims						R		
Ind.	3	*** 4	= * 0	\$42	=	O	\$84	= 0
Claims						R		
<input type="checkbox"/> Multiple Dependent Claim Presented				\$140	=	O	\$280	=
						R		
				TOTAL	= \$	O	TOTAL	= \$0
						R		

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

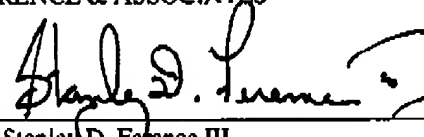
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ Attached hereto is a completed Credit Card Payment Form. Please charge the credit card identified thereon in the amount of \$_____ to cover the filing fee required under 37 CFR 1.17(e).
10. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
11. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

 By 
 Stanley D. Ference III
 Reg. No. 33,879
Dated: February 26, 2004

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